

## Filing an Appeal

If your claim is denied, you or your Beneficiaries may submit an appeal for review of the denied claim. The appeal must be in writing and should include the following:

- The claim number and policy number (from the notice of denial);
- The name, address and telephone number of the person making the appeal;
- The name and Social Security number of the Associate who was enrolled in the Plan;
- The name and Social Security number of the person on whom the claim was filed;
- The date of the death, or in the case of an accidental dismemberment, the date of the accident;
- Statement of opinion as to why the denial was improper; and
- Any new and/or additional information that may be deemed critical in changing Aetna's decision.

**You must submit your appeal within 60 days from receipt of the denial or you waive your right to request a review of the denied claim.**

Submit your appeal to:

Aetna Life Insurance Company  
Attn: Life Claims Service Center, RE52  
151 Farmington Avenue  
Hartford, CT 06156-3007

## Claims and Appeals Review

Aetna will review your claim and make a decision within the allowable timeframe listed below.

- Aetna will notify you within 90 days of any adverse determination on your initial claim or send written notice for a 90-day extension.
- The initial claim review cannot exceed 180 days.
- You will have 60 days following receipt of a denial to request an appeal.
- Aetna must make a decision on the appeal within 60 days or send written notice for a 60-day extension.
- The appeals review cannot exceed 120 days.

Refer to the "Claims" section at the beginning of this booklet for additional information about denied claims and what to expect from the Plan.

## Payment of Claims

The benefit will be paid once the claim has been submitted to Aetna and Aetna completes a review and approves the claim. Aetna may require additional information to complete the review process.

- If the insurance proceeds are greater than \$10,000, the money will be deposited into an interest-bearing checking account in the Beneficiary's, or Beneficiaries', name(s) unless otherwise requested.
- If the insurance proceeds are less than \$10,000, the money will be paid in a lump sum check to the Beneficiary or Beneficiaries unless an installment method has been requested and agreed to by Aetna.

## When Coverage Ends

Coverage for Basic Life ends the earliest of the following dates:

- When the group contract terminates

## Additional Benefits

### GlobalFit Fitness Program™

Because your physical wellbeing is as important as your financial security, Circuit City offers discounted rates to local fitness clubs through the GlobalFit Fitness Program. The program is a comprehensive fitness benefit that offers access to fitness clubs nationwide at discounted rates.

Special features include:

- Month-to-month memberships
- No long-term contracts
- Up to 60% off regular club rates
- Freeze & transfer options
- Over 1,000 clubs to choose from
- Discounts on supplements, vitamins, equipment and more
- Access to on-line diet, fitness and support programs

With the information provided by a GlobalFit representative or from the website, you can choose a health club that meets your needs and arrange a monthly payment plan through your checking account, savings account, MasterCard, VISA, American Express or Discover Card.

To learn more and take advantage of all the program has to offer call (800) 294-1500 or go to [www.globalfit.com](http://www.globalfit.com).

## Other Programs and Discounts

### Empire Medical Plan

#### *Davis Vision*

To access the Davis Vision discounts, go to [www.davisvision.com](http://www.davisvision.com) (use control code 7253) or call (800) 999-5431.

#### *Eligibility*

- Regular Full-time Associates enrolled in the Empire Medical Plan are eligible for this program the first of the month after completing one calendar month of service.
- Eligible Dependents (spouse, domestic partner and Dependent children) of Regular Full-time Associates enrolled in the Empire Medical Plan are eligible for this program the first of the month after completing one calendar month of service.

### Aetna Dental Plan

#### *Aetna Vision<sup>SM</sup>*

The Aetna Vision<sup>SM</sup> discount program is administered by Aetna. To access the discounts, go to [www.aetna.com](http://www.aetna.com) or call EyeMed customer service at (800) 793-8616. (If you are interested in the LASIK discounts, call (800) 422-6600.)

#### *Eligibility*

- Regular Full-time Associates enrolled in the Dental Care Plan or Basic Life Plan are eligible for this program the first of the month after completing one calendar month of service.
- Regular Part-time Associates enrolled in the Dental Care Plan or Basic Life Plan are eligible for this program the first of the month after completing one year of continuous service.

## LifeWorks® Assistance Program

### LifeWorks® Assistance Program

**LifeWorks® Assistance Program**

**(888) 267-8126**

**[www.lifeworks.com](http://www.lifeworks.com)**

**User ID: circuitcity**

**Password: lifeworks**

The LifeWorks® Assistance Program provides eligible Associates access to professional resources for confidential consultation and short-term counseling on the everyday issues that clutter and complicate life. You can speak with a certified counselor or access information to make more educated decisions about matters affecting you and your family.

**This confidential service is available 24 hours a day, seven days a week at:  
[www.lifeworks.com](http://www.lifeworks.com) (user id: circuitcity and password: lifeworks) or call (888) 267-8126.**

You are automatically enrolled in the LifeWorks® Assistance Program. There is no cost to you and there are no forms to fill out! Circuit City pays the entire cost of the program.

**Services include:**

- Telephone consultations
- Personalized searches and referrals
- Face-to-face consultations
- Educational materials
- Tips-on-Tape™ from a comprehensive audio library
- Library-by-Mail™
- LifeWorks On-line – access to over 200 issue-specific resource rooms, consultants and interactive tools over the web. Plus you can order free booklets and tapes or view and print from more than 500 articles.

- You understand that coverage and/or enrollment for yourself and/or your Dependents may be terminated for *falsification, fraud or deception by representation or omission in requesting benefits under these Plans*, misrepresenting eligibility under these Plans or knowingly permitting such falsification, fraud, deception or misrepresentation by another.
- You must submit the appropriate documentation or Medical Certification as indicated in this Summary Plan Description before any payments will be made under this Plan.

## **If Your Claim Continues to be Denied**

If your claim is denied again, you will receive another written notice from the insurance carrier telling you:

- Specific reason for the second denial;
- Provision in the Plan that the denial is based upon;
- Your right to look at and get copies of the information used to make the decision on your claim (at no charge); and
- Your right to file a law suit under ERISA.

## **Claims and Appeals Review**

The Plan will review your claim and make a decision within the allowable time frame listed below.

- The Plan will notify you within 90 days of any denial or send written notice for a 90-day extension.
- The initial claim review cannot exceed 180 days.
- You will have 60 days following receipt of a denial to request an appeal.
- The Plan must make a decision on the appeal within 60 days or send written notice for a 60-day extension.
- The appeals review cannot exceed 120 days.

## **Beneficiaries**

Your Beneficiary for your death benefit for the Business Travel Accident Plan is the same Beneficiary that you name for your Circuit City Life Insurance Plan. If you did not designate a Beneficiary for your Life Insurance Plan, proceeds paid by the Plan are distributed automatically in the following order:

- Your surviving spouse;
- Your children;
- Your parents;
- Your brothers and/or sisters;
- Your estate if none of the preceding applies.

All other claims will be paid to you.

## **When Coverage Ends**

Coverage for you and/or your eligible Dependents ends on the earliest of the following:

- The date the insurance policy is terminated;
- The date your employment with the Company terminates;
- The date you and/or your covered Dependents lose eligibility based on the requirements of the Plan.

## **Terms and Conditions**

Your participation in this Plan indicates your understanding and acceptance of each of the Terms and Conditions as follows:

- You have reviewed the appropriate material and understand any Plan changes or provisions described therewith. You understand that you should refer to this Summary Plan Description for more information concerning the eligibility, services, limitations and conditions of the Business Travel Accident Plan.
- Where applicable, you agree to assist in the recovery of any benefits paid by these Plans or programs which were also paid by a source other than one of these Plans or programs to yourself and/or your Dependent(s), including payments made as a result of claims or suits against a third party.

## Reductions in Coverage

At age 70, coverage for all covered Associates is subject to reduction according to the following schedule:

AGE	PRINCIPAL SUM
70-74	80%
75-79	55%
80-84	35%
85+	20%

## Claims

To file a claim, submit a written claim to Circuit City at the address listed below. The claim should include the claimant's name, the date of loss and contact information for the person filing the claim. Circuit City Stores, Inc. will file your claim with the insurance carrier. Within 15 days after receiving your claim the insurance carrier will send you, or the claimant, the appropriate forms to provide proof of the loss.

Submit claims to:

Circuit City Stores, Inc.  
c/o Risk Management Dept.  
9954 Mayland Drive  
Richmond, Virginia 23233

**Submit your claim within 20 days after a covered loss begins, or as soon as possible  
if you are unable to submit the claim by the specified deadline.**

## If Your Claim is Denied

If your claim is denied, you will receive a written notice from the insurance carrier telling you:

- Specific reason for the denial;
- Provision in the Plan that the denial is based upon;
- Additional information or material needed and why it should have been provided; and
- Your right to request another review of the claim.

## Filing an Appeal

If your claim is denied, you may submit an appeal for a review of your denied claim. Submit your written appeal, including your name, the claimant's name and any additional information, to:

Circuit City Stores, Inc.  
c/o Risk Management Dept.  
9954 Mayland Drive  
Richmond, Virginia 23233

**You must submit your appeal within 60 days from receipt of the denial or you waive your right to request  
a review of the denied claim.**

## PERSONAL ASSISTANCE

Personal assistance can provide the following services:

- **Lost Baggage Services:** The staff will advise you and provide message service to assist you with locating lost luggage.
- **Translation and Interpretation:** The staff of multilingual assistance coordinators can help you with foreign language problems over the telephone or provide the name, address and telephone number of local translation services.
- **Emergency Messaging:** The staff can send or receive emergency messages on your behalf.
- **Emergency Ticket Replacement:** If your travel tickets are lost or stolen, the staff will assist you in obtaining new tickets through the appropriate carrier.
- **Lost Document Location:** The staff will assist you in locating lost documents and other important personal items by contacting hotels, airlines and government authorities.
- **Emergency Advance of Funds:** Upon your request, the staff will provide funds with a satisfactory guarantee of reimbursement. Your credit card will be debited and arrangements will be made for you to obtain the funds in local currency. (There may be a service fee charge for this transaction.)
- **Return of Vehicle:** If you have to leave a rented or privately owned vehicle stranded because of an illness or injury, the staff will arrange for its proper return.

## LIMITATIONS *(for the Travel Assistance benefit only)*

No transport or service will be covered unless you contact the staff prior to the transport, the attending Physician approves, if applicable, and the Plan pre-authorizes the transport or service.

## EXCLUSIONS *(for the Travel Assistance benefit only)*

The Plan will not provide the coverage if the coverage is excluded under the Policy, or if:

- The covered trip was undertaken for the specific purpose of securing medical treatment;
- Injuries or illness requiring medical services resulted from being under the influence of any controlled substance, unless such controlled substance was prescribed by a Physician and was taken in accordance with the prescribed dosage;
- With respect to a medical evacuation, the medical care that is being provided is consistent with Western Medical Standards, or it is not Medically Necessary to transport you to another Hospital or medical facility (The Plan has the sole discretion in making that determination);
- Based upon your Medical Condition and/or the local conditions and circumstances, the Plan determines that medical evacuation or medical repatriation is not appropriate; (The Plan has sole discretion in making that determination)
- Any local, state, country or international law prohibits the provision of the transportation or services provided for under this coverage; (The Plan shall be fully and completely excused from performance and discharged from any contractual obligation)
- The Plan did not pre-authorize the transportation and/or services.

The Plan reserves the right to suspend, curtail or limit coverage in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, act of God or refusal of authorities to permit the Plan to provide services, or in any country for which a travel warning has been issued by the Department of State of the United States of America.

- **Non-Medical Repatriation:** Once you have sufficiently recovered to travel in a regularly scheduled economy class flight, the Plan will pay for the increase in cost to change the travel date on the return air flight and/or for an upgrade in the seating, at the Plan's discretion, to your Principal Residence or the country where you are currently assigned.
- **Hospital Admissions and Medical Payments:** If you are having difficulty in making payment arrangements for admission to a Hospital or medical provider, the staff will facilitate admission with a satisfactory guarantee of reimbursement from you. Your credit card will be debited and arrangements will be made for you to obtain the funds. (There may be a service fee charge for this transaction.)
- **Prescription Assistance:** In the event you forget your medication, the staff can help arrange for a refill of your prescription and help locate what you need locally and arrange delivery, where permitted by law.
- **Visit to Hospital:** If you are expected to be hospitalized for more than seven days and request to have a friend or family member at your bedside, the staff will arrange and the Plan will cover the cost of economy round-trip transportation for one.
- **Return of Child:** If your child under the age of 19 is left unattended as a result of your illness or injury, the staff will arrange and the Plan will cover the cost of economy transportation for their travel home. An attendant will be provided for a child who cannot travel alone.
- **Return of Companion:** If your traveling companion must forfeit or change reservations for airline tickets as a result of your illness or injury, the Plan will pay the lesser of the change fee or one-way economy transportation.
- **Return of Remains:** In case of death, the staff will make arrangements and the Plan will pay the local preparation of the body to return the remains for burial, including travel clearances, authorizations and standard shipping container to its country of destination. (The cost of cremation, an urn or a coffin will not be covered.)

## INFORMATION ASSISTANCE

Information assistance can provide the following services:

- **Passport and Visa Information:** The staff can inform you of visa and passport requirements for any destination and assist you in obtaining necessary documentation.
- **Weather, Cultural and Exchange Information:** The staff can provide you with the latest weather forecasts for major cities, inform you about important cultural events around the world and advise you on daily exchange rates for world currencies.
- **Travel Advisories:** The staff can inform you of the latest available travel advisories, including crime alerts and areas of instability for countries worldwide.
- **Inoculation and Immunization:** The staff provides the latest information, obtained from the Centers for Disease Control and the U.S. Department of State, Bureau of Consular Affairs, regarding inoculation and immunization requirements around the world.

## LEGAL ASSISTANCE

Legal assistance can provide the following services:

- **Legal Referral:** The staff can assist you in locating a lawyer in the area in which you are traveling. Where possible, the referred lawyer will be able to speak your language.
- **Advance of Bail:** The staff will facilitate bail with satisfactory guarantee of reimbursement from you. Your credit card will be debited and arrangements will be made for you to obtain funds, where permitted by law. (There may be a service fee charge for this transaction.)



## Coma Benefit

If you sustain a covered Injury that causes you to become comatose, as determined by competent medical authority, within 365 days of the covered accident, a monthly benefit of 1% of your Principal Sum will be paid for up to 100 months after you have been in the coma for 31 consecutive days. Payments will not include any amount paid or payable for the same accident.

## Maximum Payments

The maximum amount payable due to all losses sustained in the same occurrence is the Principal Sum as shown in the accidental death table or an aggregate limit of \$15 million for the combined total amount payable for losses when two or more covered individuals are Injured as the result of the same occurrence.

## Travel Assistance Coverage

(For traveling on business for Circuit City)

This benefit touches a network of experts that can address the medical, legal, informational and personal assistance needs of you and your family before, during and after your trips to and during their trips of 100 miles or more from home. The multi-lingual staff is available 24 hours a day, 7 days per year to help you.

S		CONTACT INFORMATION
Travel Assist	and Canada	(800) 263-0261
Travel A and Ca	the world (except U.S.)	Call Collect to: (416) 977-0277 Fax: (416) 977-1555

When calling please identify yourself as a Circuit City covered Associate.

ADMINISTRATIVE INFORMATION	
Policy Number	GTU 4847849
Group Name	Circuit City
Id Cards	<a href="http://www.zurichna.com/travelassist">www.zurichna.com/travelassist</a>

## MEDICAL ASSISTANCE

Medical assistance can provide the following services:

- **Emergency Medical Assistance:** Provide you with the name, address and telephone number of Physicians, Hospitals and clinics in the area where you are traveling. Where possible, the medical provider will be able to speak your language.
- **Medical Monitoring:** If you experience a medical emergency while traveling, the expert staff will establish contact with the local attending Physician and assist with arranging appropriate care. Contact will be maintained with the attending Physician and with your family and business associates until the situation is resolved and you are able to resume traveling.
- **Medical Evacuation:** In the event a local Hospital, medical facility, clinic or medical provider is not able to provide you with medical care comparable to Western Medical Standards, as determined by the Plan, the staff will arrange and the Plan will cover the cost of your transportation to the nearest Hospital or medical facility that can provide such care.
- **Medical Repatriation:** Once you have sufficiently recovered from an Illness or Injury to travel in a non-scheduled commercial air flight or regularly scheduled air flight with special equipment and/or personnel, the staff will arrange and the Plan will cover the cost of your transportation to your Principal Residence or the country where you are currently assigned.

## Accidental Death Coverage

If you or your Dependents accidentally die while on Business Travel, the Plan pays the Principal Sum shown below.

COVERED INDIVIDUAL	PRINCIPAL SUM
Associate	Three times annual salary* subject to a minimum of \$250,000 and a maximum of \$750,000
Spouse/Domestic Partner	\$50,000
Each Dependent Child	\$25,000
*For the purposes of this schedule, annual salary is defined as the annual salary or wage as of the date of the accident, excluding bonuses, commissions and any other types of incentives. If paid on an hourly basis, annual salary is equal to the rate of pay applicable as of the date of the accident, multiplied by the number of hours regularly worked per week times 52 weeks. Overtime Earnings are not included.	

If the Associate is wearing a seatbelt or lap and shoulder restraint at the time of an automobile accident that occurs while on Business Travel and loss of life occurs, there is an additional benefit of 10% of the Principal Sum to a maximum of \$10,000.

## Dismemberment Coverage

If you or your Dependents sustain an Injury while on Business Travel and any of the following losses occurs, the Plan pays the indicated percent of the Principal Sum as shown in the Schedule of Coverage under "Accidental Death Coverage."

Loss	PERCENTAGE OF PRINCIPAL SUM PAID
Both Hands or Both Feet	100%
Entire Sight of Both Eyes	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot and Sight of One Eye	100%
One Hand and One Foot	100%
One Hand or One Foot	50%
Entire Sight of One Eye	50%
Speech	50%
Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%
Use of Four Limbs	100%
Use of Three Limbs	75%
Use of Two Limbs	66 2/3%
Use of One Limb	50%

## Permanent Total Disability

Permanent total Disability, as established by competent medical authority, applies when you are unable to perform the Material and Substantial Duties of any occupation for which you are suited by education, training and experience. If you become permanently Totally Disabled within 365 days of a covered Injury sustained during Business Travel, the Plan will pay benefits after 12 consecutive months of permanent total Disability. Payments will not include any amount paid or payable under dismemberment coverage for the same accident.

## Coverage

Unless exclusions apply, you and/or your eligible Dependent(s) are covered for injuries resulting from an accident, which occurs anywhere in the world during a Business Trip, including when you and/or your eligible Dependents are:

- A passenger on, boarding or alighting from a certified civil aircraft or military passenger transport aircraft;
- A passenger on, boarding, alighting from, being struck or run down by a specific aircraft or substitute aircraft which is owned, or leased by the Company, is being operated by consent of the Company, and is being operated by an authorized, certified pilot who has logged at least 1,000 hours as a pilot, 500 of which were logged in a multi-engine aircraft of like basic design;
- Commuting directly between your residence and place of regular employment when, on a regularly scheduled workday, there is a strike, power failure, major breakdown or similar event which results in the discontinuation or interruption of one or more public transportation systems, which you would normally use to commute, and you must use a different form of conveyance than usual;
- Under the control of a Hijacker(s) during travel directly to your residence or original destination.

## Exclusions

You and your eligible Dependents are not covered for Injuries sustained when the Injury is caused by, contributed to or results from:

- Intentional self-inflicted Injury, suicide, or attempted suicide, whether sane or insane (in Missouri, while sane);
- War or act of war, whether declared or undeclared, occurring within the United States of America (including the District of Columbia), the Associate's country of residence, or any country as on file with the insurance carrier and the Company.
- Active duty in the armed forces of any country or international authority;
- Voluntarily taking drugs which federal law prohibits dispensing without a prescription, unless the drug is taken as prescribed or administered by a licensed Physician;
- Committing or attempting to commit a felony;
- Being legally intoxicated from the use of alcohol (not applicable for residents of Minnesota);
- Sickness or disease, except pyogenic infections, acquired through an accidental cut or wound;
- Pregnancy, including childbirth, but not including complications;
- Skydiving, parasailing, hang gliding, bungee jumping, or any similar activity;
- Riding as a pilot, operator, cabin attendant, or crew member of any covered aircraft;
- Riding as a passenger on, boarding or alighting from an aircraft engaged in an extra-hazardous aviation activity;
- Riding on, boarding or alighting from an aircraft owned, controlled by or under lease to an Associate or a member of an Associate's family or household;
- Riding on, boarding or alighting from an aircraft operated by one of the Company's Associates including members of an Associate's family or household;
- Riding on, boarding or alighting from any aircraft that requires a special permit or waiver, even if granted.

## **Business Travel Accident Plan**

### **Business Travel Accident Plan**

**Zurich American Insurance Company**

(800) 263-0261

[www.zurichna.com/travelassist](http://www.zurichna.com/travelassist)

The Company provides additional insurance coverage while you are traveling on business. Under the Business Travel Accident Insurance Plan, eligible Associates are covered for death and dismemberment while traveling for business, worldwide.

### **Eligibility and Enrollment**

#### **Associate Eligibility**

All Associates who work at least 20 hours per week are eligible and covered by this Plan while traveling for the Company.

#### **Dependent Eligibility**

Your legally married spouse and unmarried Dependent children (under age 19, or if over 19 but under 25 and a full-time student in college, university or trade school) who rely on you for more than 50% of their support and you can claim them as Dependents on your Federal Income Tax return, are covered by this Plan when they travel with you on a Business Trip that is approved by and at the expense of the Company. Refer to the "Coverage" section for specific amounts of coverage for Associates and eligible Dependents.

#### **Enrollment**

You are automatically enrolled on your first day of work.

### **Costs and Contributions**

The Company pays all costs for the Plan. The Business Travel Accident Insurance Plan is fully insured and administered by Zurich American Insurance Company.

### **Business Travel**

Business Travel is defined as a valid trip or travel:

- While on assignment for or at the direction of the Company for the purpose of furthering the business of the Company;
- Which begins when a person leaves her/his residence or place of regular employment, whichever occurs last, for the purpose of beginning the trip;
- Which ends when she/he returns to her/his residence or place of regular employment, whichever occurs first; and
- Excludes travel to and from work (except in extraordinary circumstances), valid leaves of absence or vacations.

**Business Travel does not include travel between your residence and place of regular employment.**

Your completed conversion form and first premium payment must be submitted to Aetna within 30 days after the effective date of the termination or reduction in coverage. During this 30-day period, your life insurance remains in effect, free of charge. You must obtain a conversion form by calling the Associate Service Center at (800) 288-6353.

#### *Portability*

If your Supplemental, Spousal or Child life insurance terminates due to your termination of employment or any other reason that causes you or them to lose eligibility, or it is reduced due to a change in salary or position, you may continue some or all of your coverage with Aetna at group policy rates under a portability provision. However, you are not able to continue your coverage under the portability provision, if on the day your coverage terminates you are ill or injured and away from work. The maximum amount that may be continued is \$500,000 for Supplemental Life, \$25,000 for Spousal Life and \$5,000 for Child Life.

Your completed enrollment form and first premium payment must be submitted to Aetna within 30 days after the effective date of the termination or reduction in coverage. Coverage will become effective at the end of the 30-day period. Coverage continued under this provision will be reduced by 35% at age 65, 60% at age 70, and 5% at age 75, but will not be reduced below \$5,000. You must obtain a portability form by calling the Associate Service Center at (800) 288-6353.

Coverage will continue as long as premium payments are made to Aetna and you do not exceed the applicable eligibility ages (age 98 for you, age 64 for your spouse, and one year younger than the age at which a child ceases to meet the definition of a Dependent).

Continuation of coverage, either through conversion or portability, is not available for AD&D insurance.

**To apply for a continuation of coverage for Supplemental, Spousal and/or Child life insurance (either through conversion or portability), call the Associate Service Center at (800) 288-6353.**

#### **Continued Coverage in the Event of Disability (Premium Waiver)**

If you do not return to work, but continue your leave beyond six months, you may apply to continue your Supplemental Life insurance coverage at no cost to you. All applications are subject to approval by Aetna. To qualify, you must:

- Be under age 60;
- Be completely disabled throughout the 180-day Elimination Period that immediately followed your initial date of absence; and
- Apply for this benefit within nine months following your initial date of absence, and no later than 21 months following that date.

You are disabled when:

- The insurance carrier determines that due to your Illness or Injury, you were not working in any occupation during the Elimination Period; and
- After the Elimination Period, due to the same Illness or Injury, you are unable to perform the duties of any Gainful Occupation for which you are reasonably fit by training education or experience.

If you are approved for a Disability continuation, coverage will continue at no cost to you until the earliest of the following dates:

- You are no longer disabled (Aetna will require periodic proof of your Disability status); or
- You reach age 65.

- The last day of the month following the termination of your employment, including retirement
- The last day of the month in which eligibility stops
- The last day of the month, six months after the start date of a short term disability leave
- The last day of the month, 12 months after the start date of a Military Leave
- When the Plan ends

Supplemental Life, Spousal Life, Child Life and/or AD&D Insurance ends on the earliest of the following dates:

- When the group contract terminates
- The last day of the month following the termination of your employment, including retirement
- The last day of the month after you request termination of coverage
- The last day of the month you fail to make contributions
- The last day of the month in which eligibility stops
- The last day of the month, six-months after the start date of a short term disability leave
- The last day of the month, 12 months after the start date of a Military Leave
- For Dependent coverage, the last day of the month in which your death occurs
- For Dependent coverage, the last day of the month following the date your Dependent ceases to be an eligible Dependent
- For a spouse, the last day of the month of divorce or annulment

## **Continued Coverage during a Leave of Absence**

According to the Company's Associate Leave Standard Operating Policy, while you are on a leave of absence, your Life Insurance Plan(s) coverage will continue for the first six months of your leave as long as you remain eligible.

With the exception of short term disability leaves, AD&D coverage will end on the last day of the month of your last day worked before going on the leave of absence. For short term disability leaves, AD&D coverage will continue for the first six months following your initial date of absence, as long as you remain eligible. If you are on Military Leave, you may elect to continue your active coverage for twelve months.

You may drop coverage at the commencement of a leave of absence by changing your enrollment election on-line.

If you become eligible to participate in the Plan during a leave of absence, you must complete your enrollment on-line. However, you must be Actively at Work for coverage to go into effect. If you are not Actively at Work, your coverage will go into effect the first of the month after you are Actively at Work.

If your coverage is cancelled because your leave extends beyond six months, you will need to re-enroll within 30 days of the first of the month following your return to work.

## **Conversion and Portability**

### *Conversion*

If your life insurance, or that of a Dependent, terminates due to your termination of employment or any other reason that causes you or them to lose eligibility, or it is reduced due to a change in salary or position, you may apply for an individual life insurance policy without taking a medical examination. If you have been insured under this Plan for at least five years, you may also apply for an individual policy if the Plan terminates or if the Plan is amended to reduce your amount of insurance.

- Eligible Dependents (spouse, domestic partner and Dependent children) of Regular Full-time Associates enrolled in the Dental Care Plan, Spousal Life Plan or Child Life Plan are eligible for this program the first of the month after completing one calendar month of service.

### **Natural Products & Services Program**

The natural products and services program, administered by Aetna, provides discounts on complementary health services and natural products like massage therapy, vitamins and more. Associates must go to [www.aetnanavigator.com](http://www.aetnanavigator.com) to access the discounts.

#### **Eligibility**

- Regular Full-time Associates enrolled in the Dental Care Plan are eligible for this program the first of the month after completing one calendar month of service.
- Regular Part-time Associates enrolled in the Dental Care Plan are eligible for this program the first of the month after completing one year of continuous service.
- Eligible Dependents (spouse, domestic partner and Dependent children) of Regular Full-time Associates enrolled in the Dental Care Plan are eligible for this program the first of the month after completing one calendar month of service.

### **Hearing Discount Program**

The hearing discount program, administered by Aetna, is offered through HearPO®. HearPO is a national hearing benefits provider offering 40% off the retail price of hearing exams and hearing aid services. Also available through this program are significant savings on the latest styles and technologies of hearing aids. HearPO has access to over 1,500 participating locations across the country. These locations are available for reference on the Aetna DocFind® directory. Associates must call HearPO at (888) HEARING (1-888-432-7464) to access the discounts. A customer service representative will aid in the selection of a participating provider and mail a validation packet to both the Associate and selected provider. This validation packet is required to access the HearPO discount program.

#### **Eligibility**

- Regular Full-time Associates enrolled in the Basic Life Plan are eligible for this program the first of the month after completing one calendar month of service.
- Regular Part-time Associates enrolled in the Basic Life Plan are eligible for this program the first of the month after completing one year of continuous service.
- Eligible Dependents (spouse, domestic partner and Dependent children) of Regular Full-time Associates enrolled in the Dental Care Plan, Spousal Life Plan or Dependent Life Plan are eligible for this program the first of the month after completing one calendar month of service.

### **YouDecide Discounts**

As a Circuit City Associate, you can save on a wide variety of products and services. These are discounts that you cannot get directly from insurance providers and retailers, but are available exclusively through the Associate Advantages program from YouDecide. Through Associate Advantages from YouDecide, which is provided as a *free benefit* to Circuit City associates, all you have to do is visit the Web site or make a toll-free call and you'll be able to enjoy one-stop shopping with no sales pressure on products and services including:

- |                                  |                               |                                      |
|----------------------------------|-------------------------------|--------------------------------------|
| • Auto, Home & Renters Insurance | • Pet Insurance               | • Legal Services                     |
| • Mortgages & Home Equity Loans  | • Flowers & Gifts             | • Student Loans & Education Services |
| • Auto Loans & Warranties        | • Events & Theme Park Tickets |                                      |
| • Travel/Vacation Packages       |                               |                                      |